



Chandler Arizona

Where Values Make The Difference

APPLICATION FOR VOLUNTEER OPPORTUNITIES

(Application will need to be turned in at the Human Resources Office)

LOCATION

55 North Arizona Place, Suite 204
Chandler, Arizona 85225
Telephone: (480) 782-2350

MAILING ADDRESS

Human Resources Division
Mail Stop 703
PO Box 4008
Chandler, AZ 85244-4008

Name: _____ Date: _____
Last First MI

Address: _____
Street City/State Zip

Home Phone: _____ Message Phone: _____

Birthday: _____ Age Category: ☐ Under 18 ☐ 25-60
☐ 18-24 ☐ over 60

Have you ever been convicted and/or placed on probation for any criminal offenses? _____ Yes _____ No

If yes, please provide dates and detailed information (including minor offenses): _____

Availability: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday
Mornings _____ 8:00 a.m. – 12:00 p.m. Afternoons _____ 12:00 p.m. – 5:00 p.m. Evenings _____ 5:00 p.m. – 10:00 p.m.
Hours per week _____ On-Call _____ Flexible _____

When would you be available to start working? _____

VOLUNTEER OPPORTUNITIES

Please read through the VOICE pamphlet to review the different volunteer opportunities before making your selection

- | | |
|---|--|
| <input type="checkbox"/> City Parks | <input type="checkbox"/> Library |
| <input type="checkbox"/> Communication & Public Affairs | <input type="checkbox"/> Municipal Utilities |
| <input type="checkbox"/> Chandler Center for the Arts | <input type="checkbox"/> Parks & Recreation Division |
| <input type="checkbox"/> Fire Department | <input type="checkbox"/> Police Department |
| <input type="checkbox"/> Housing & Redevelopment | <input type="checkbox"/> Public Works |
| <input type="checkbox"/> Other: _____ | |

PREVIOUS JOB SKILLS/VOLUNTEER EXPERIENCE

REFERENCES:

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

EMERGENCY CONTACT INFORMATION:

Name: _____ Telephone: (_____) _____

Address: _____ Relationship _____

Statement of Accountability and Consent

By signing this application form, I certify that all information is true to the best of my knowledge. I give the City of Chandler authorization to investigate all matters contained in this application. I understand that it is my responsibility to keep the City of Chandler advised about any changes of address or phone number. I agree to obey all rules and procedures established by the City of Chandler. I further understand that I am a volunteer and therefore not entitled to any benefits (with the exception of Worker's Compensation) which are provided to employees of the City of Chandler, that I will be fulfilling job responsibilities without receiving a salary or hourly wage, and that my placement and retention as a volunteer is at the will of the City of Chandler.

Signature of Volunteer Applicant_____
Date_____
Signature of Parent/Guardian if applicant is under 18_____
Date